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Book reviews

Blood, sweat and cheers. By Ian Fraser. (pp 150. £14.95. Inland £17.50; Abroad $29.00 USA). London: British Medical Journal, The Memoir Club, 1989.

The Memoir Club has already published in this series recollections of various distinguished medical personalities — Sir Christopher Booth, Sir Douglas Black, Dr Moran Campbell, Sir James Howie and Lord Taylor. It is happy and appropriate as far as Ulster is concerned, that Ian Fraser should have been asked to contribute to this series. The book throughout is intensely modest and without any form of pretence (not a mention of Knighthood or DSO).

Starting with his childhood background in the home of his father, a single-handed general practitioner, his lifelong love of medicine is described from its beginnings and this background, in what was once the core of the profession, explains his commitment to medical care and the philosophy of endurance with the work-load that medicine sometimes entails.

The journey through a long happy life continues through medical student days at Queen's, early postgraduate experience, World War II and as an Army Surgeon in Africa, Sicily, Italy, Arromanche and the Far East. Personalities described such as Lord Porritt, Lady Mountbatten, General Auchinleck — contacts such as this explain why so many of us see him as the best ambassador that Ulster medicine has ever had.

After the war, the return to the Royal Belfast Hospital for Sick Children and the Royal Victoria Hospital, and an interesting account of the changes in the practise of surgery. Some of this later period is within the memory of Ulster Medical Society members and need not be recounted.

The "heart" of Sir Ian's story lies in the anecdotes: "the airman who saw his own funeral", "the elderly lady with the owl", "travelling to Cork as a medical examiner". Sir Ian also reflects on retirement hobbies of some of his colleagues, and we all await with interest what he will do when he retires.

Sir Ian Fraser is the only Ulster Medical knight, and a knight in shining armour he has been, on behalf of Ulster medicine. Reading this book will give much pleasure to many. Quite rightly (and this is not an ambiguous statement), the book is dedicated to Eleanor and his children.

JA WEAVER

Drugs and the athlete: (Vol 2 of Contemporary Exercise and Sports Medicine Series. Allan J Ryan MD, Editor in Chief). By Gary I Wadler and Brian Hainline. (pp 353. £33.00). Philadelphia: F A Davis Company, 1989.

Any physician who faces up to the problem of drugs in sport will want to learn the answers to four different but important questions. Why do sportsmen use drugs? How do they use them? Can this illegal use be prevented? Finally, how do these preventive measures affect the ordinary doctor's work? This scholarly, well referenced textbook answers all of these questions in a thorough, workmanlike and readable way.

Why? Winning, coming first, succeeding. These goals, both in philosophical and economic terms, are freely accepted by the modern sportsman, but they are increasingly more stressful to obtain. It follows that cheating to achieve these goals is expedient. A stark list of 217 sportsmen found guilty, includes 16 who have died because of their dabbling — 12 of these 16 in the eighties! Impressive evidence.

How? The athlete, with his coach, is always searching, with the help of modern medicine, to find ways to run faster, be stronger, last longer. He believes in anabolic steroids and testosterone. He will use stimulants like amphetamine, cocaine, ephedrine or caffeine. He will try 'blood doping' — usually his own two units taken off two months previously. Beta-blockers and diuretics have particular attractions for specific sports. In the next decade one can expect him to use genetically engineered growth hormone to increase body mass; and erythropoetin to improve oxygen carrying. Narcotic painkillers including codeine as well as morphine can camouflage injury and allow competition. Anxiety may be eased by tranquillisers, barbiturates or marijuana. Perhaps unwisely, the authors extend this area. Their health education zeal points out the undoubted dangers to health of alcohol and tobacco. But is it not controversial to include these socially accepted drugs? Misuse of nearly all the other drugs mentioned are 'illegal' — either in a court of law, or by the sports governing body. Anecdotal evidence of a baseball player is presented: it seems he could titrate his blood nicotine levels by varying his rate of chewing tobacco: Does this mean that tobacco should be added to the banned list?

Prevention? The rocky road of drug testing has a huge number of pot-holes! Vast expense; complicated modern forensic science; selection of body fluid or tissue; legal considerations; preservation of confidentiality — and perhaps most important of all — protection of the innocent. Yet, there is not any hope of returning to the level paths of former guilelessness. Sadly, a complicated,

ever-enlarging list of banned substances is here to stay. Just what does 'and related substances' mean?

Yourself? If you are caring for an elite sportsman or woman, in whatever age group, you will not want to be the cause of him or her loosing their gold medal because of your prescribing error: Refer to this text, and avoid this calamity. Long lists of safe alternatives are available. RW HARLAND

Aids to the examination of the peripheral nervous system. (pp 61, figs. £3.50 paperback). London: Baillière Tindall, on behalf of the Guarantors of *Brain,* 1986.

This paperback comprises a series of photographs and simple line drawings which illustrate the testing of individual muscles and the distribution of sensory loss in peripheral nerve lesions. The book is beautifully illustrated with excellent photographs demonstrating techniques for testing muscle power and indicating the peripheral nerve and cord segments responsible for innervation. The diagrams indicating the distribution of sensory loss and the dermatomes are identical to those which can be found in any text book of anatomy. At £3.50 this is very good value. It is a useful guide for undergraduate students who are learning examination of the peripheral nervous system and is convenient quick revision for those who have forgotten the distribution of the cutaneous sensory nerves.

DR McCLUSKEY

Famine — The Irish experience 900–1900. By E Margaret Crawford. (pp 242. £20.00). Edinburgh: John Donald Publishers Ltd, 1989.

This helpful book will, as the title implies, correct the belief that the only Irish famine was the Great Famine of the 1840s. Margaret Crawford reprints and edits William Wilde's table of the many Irish famines from 900 A.D. to 1850. Mary Lyons surveys, so far as the annals and records allow, the adverse effects of weather, and disease of animals and man. Gillespie discusses the bad grain harvest of 1621–4, the harvest so important before the age of the potato. O'Neill describes the food shortages of the 1890s. It is hard however for students of famine to avoid adding to the large literature on the *Great Famine.* Solar reviews the severity and long-term consequences of the famine. The potato blight is still with us, and without a chemical industry to supply protective sprays, it would be as destructive as ever. An able chapter by Sir Peter Froggatt summarises the response of the medical profession, and Kinealy analyses the administration of the newly instituted Poor Law. But the reader should concentrate on the causes of the food shortage, and derive some general principles for famine prevention. It could happen again. Northern Ireland is an importer of wheat to bake the bread of the people. In 1988 the flour millers imported 48,613 tonnes to supplement home production. What if a sudden destructive blight were to spread in and across the North American wheat fields? We should aim at self-sufficiency in human food grains. Grain-growing land should be treasured. We cannot afford to build towns on our best grain-growing fields as it is being done in the Roe valley.

Catastrophes are multifactorial in their causation, and so was the *Great Famine.* The extraordinary predominance of the potato in tillage, and in the food of the people; the universal susceptibility to the new fungus infection of the varieties grown; the growing of potatoes repeatedly on the same land; the relatively small quantities of food grains grown, especially in the west and south; a population growing at a "self destructive rate"; general poverty at the best of times; a specially vulnerable group of landless labourers with negligible property, little in the way of wages, and no savings; small farmers on 15 acres or less who were only minimally better off; illiteracy; chronic ill-health and disability among the poor of a degree and prevalence hard to realise to-day. Any one who has seen the Indian labourer, starved, parasitised and infected, trying to turn out to work, hardly able to put one foot past the other, will understand the lack of mental and physical ability to cope with "ordinary" troubles, let alone disaster. One remembers old people in Monaghan describing debilitated people "walking as if the dead lice were dropping off them". Surely a memory of the famine — and the fever. It was hard too to dig and win turf for the fire for cooking and warmth. Again one remembers a woman lamenting in a cabin when the weather was cold "we shall be starved (die) within the walls". To die of exposure on the road or in a ditch was understandable; to die of cold within the walls the height of horror.

It is human nature to blame someone, anyone, for disaster. Famine literature is loaded with adverse criticism of the relief attempted by government, with some reason. Curiously the grain merchants are less abused. People forget that there is not necessarily a good way out of a bad situation. The governments of the 1840s did make an immense effort. It was not enough, not prompt enough, and not continued long enough, but the administrative and agricultural ideas, knowledge, skills and finance of the time could do no more. It is to be hoped they would do better to-day. Again to operate the grain trade merchants must have money to buy at home, import from abroad, and distribute grain. They can only get money from customers who can pay. The Irish peasants had no money and in consequence, in the midst of famine, much grain was exported — to those who could pay for it. A government,